

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS63AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTHILL PALMS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4062 MONTHILL LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 27118  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on June 24, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 27118 Based on record review on 6/24/09, the facility failed to ensure 3 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #2 and #3) for the protection of all residents.  This was a repeat deficiency from the 9/8/08 State Licensure survey.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 27118 Based on record review on 6/24/09, the facility failed to ensure 3 of 3 caregivers met background check requirements (Employee #1, #2 and #3).  Severity: 2 Scope: 3	Y 105		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents  NAC 449.209	Y 176		

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Y 176	Continued From page 2  4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents.  This Regulation is not met as evidenced by: Surveyor: 27118  Based on observation on 6/24/09, the facility failed to keep the cupboard under the sink free from mice.  Severity: 2      Scope: 3	Y 176			
Y 178 SS=E	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Surveyor: 27118 Based on observation on 6/24/09, the administrator failed to ensure that the exterior of the facility was well maintained (numerous boxes, debris and a shopping cart).  Scope: 2      Severity: 2	Y 178			
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record	Y 908			

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Y 936	Continued From page 5  State Licensure survey.  Severity: 2 Scope: 3	Y 936		
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: Surveyor: 27118 Based on observation on 6/24/09, knives were kept in 6 kitchen drawers and the drawers were not locked and were accessible to 4 of 4 residents.  Severity: 2 Scope: 3	Y 994		

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